

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <b>X</b></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Nikolas Youngsmith Mexican American Legal Defense &amp; Educational Fund 1016 16th St., NW Suite 100 Washington, DC 20036 3:21-cv-259-DCG; TXT ORDER granting ProHacVic</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If yes, delivery address below: <input type="checkbox"/> No</p> <p><b>FILED</b></p> <p><b>29 2022</b></p> <p><b>CLERK, U.S. DISTRICT COURT</b> <b>WESTERN DISTRICT OF TEXAS</b> BY <b>DEPUTY CLERK</b></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7020 1810 0001 9915 2930</p>		<p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	